

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							08/595,957	2/6/96				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51	1	1			
2	3		3				52	1	1			
3	3		3				53					
4	3		3				54					
5	3		3				55					
6							56					
7	2		2				57					
8							58					
9							59					
10	1		1				60					
11	1		1				61					
12							62					
13	3		3				63					
14	3		3				64					
15	3		3				65					
16	3		3				66					
17	3		3				67					
18	3		3				68					
19							69					
20	3		3				70					
21	3		3				71					
22	3		3				72					
23							73					
24	3		3				74					
25	3		3				75					
26							76					
27							77					
28	3		3				78					
29	3		3				79					
30							80					
31	1		1				81					
32	1		1				82					
33	1						83					
34	3		3				84					
35	3		3				85					
36	3		3				86					
37	3		3				87					
38	3		3				88					
39	3		3				89					
40	3		3				90					
41	3		3				91					
42							92					
43							93					
44							94					
45							95					
46							96					
47	1		1				97					
48	1		1				98					
49	1		1				99					
50	1		1				100					
TOTAL IND.							TOTAL IND.	6				
TOTAL DEP.							TOTAL DEP.	82				
TOTAL CLAIMS							TOTAL CLAIMS	88				